

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COMPOSITIONS FOR PREVENTION AND TREATMENT OF COLD AND INFLUENZA-LIKE SYMPTOMS AND THEIR METHODS OF USE

the specification of which

(check ☐ is attached hereto.
one) ☒ was filed on October 19, 2000 as United States Application No. or
PCT International Application Serial No. 09/692,634
and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filing Date	Application Serial No.	Filing Date

I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
09/421,131		10/19/1999	

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Atty Name	Atty Reg Number	Associate Power of Attorney Attached
John M. Howell	33,713	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Karen F. Clark	32,974	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Steven W. Miller	31,984	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
T. David Reed	32,931	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timothy B. Guffey	41,048	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
James C. Kellerman	43,708	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Betty J. Zea	36,069	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SEND CORRESPONDENCE TO:

John M. Howell

The Procter & Gamble Company

Health Care Research Center

8700 Mason-Montgomery Rd.

Mason

OH

45040-9462

(513) 622-2184

Phone No.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor Paul John Rennie

Inventor's signature Paul John Rennie

Date

10/11/00

Residence Ataraxia, Ballfield Road, Godalming, Surrey GU7 2HA, England

Citizenship British

Post Office Address Ataraxia, Ballfield Road, Godalming, England

Full name of second joint inventor, if any Simon Phillip King

Inventor's signature Simon Phillip King

Date

10/11/00

Residence 67, Heath Road, Weybridge, KT13 8TJ, England

Citizenship British

Post Office Address 67, Heath Road, Weybridge, KT13 8TJ, England

Full name of third joint inventor, if any Kimberly Ann Biedermann

Inventor's signature _____

Date

Residence 20 Trailbridge Drive, Cincinnati, Ohio 45241

Citizenship USA

Post Office Address 20 Trailbridge Drive, Cincinnati, Ohio 45241

Full name of fourth joint inventor, if any Jeffrey Michael Morgan

Inventor's signature _____

Date

Residence 8575 Highmount Drive, Springboro, Ohio 45066

Citizenship USA

Post Office Address 8575 Highmount Drive, Springboro, Ohio 45066

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as indicated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COMPOSITIONS FOR PREVENTION AND TREATMENT OF COLD AND INFLUENZA-LIKE SYMPTOMS AND THEIR METHODS OF USE

the specification of which

(check ☐ is attached hereto.
one) ☒ was filed on October 19, 2000 as United States Application No. or
PCT International Application Serial No. 09/692,634
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filing Date	Application Serial No.	Filing Date

I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
09/421,131		10/19/1999	

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Atty Name	Atty Reg Number	Associate Power of Attorney Attached
John M. Howell	33,713	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Karen F. Clark	32,974	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Steven W. Miller	31,984	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
T. David Reed	32,931	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timothy B. Guffey	41,048	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
James C. Kellerman	43,708	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Betty J. Zea	36,069	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SEND CORRESPONDENCE TO:

John M. Howell
The Procter & Gamble Company (513) 622-2184
Health Care Research Center Phone No.
8700 Mason-Montgomery Rd. Mason OH 45040-9462
Street City State Zip Code

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor Paul John Rennie
Inventor's signature _____

Date

Residence Ataraxia, Ballfield Road, Godalming, Surrey GU7 2HA, England
Citizenship British
Post Office Address Ataraxia, Ballfield Road, Godalming, England

Full name of second joint inventor, if any Simon Phillip King
Inventor's signature _____

Date

Residence 67, Heath Road, Weybridge, KT13 8TJ, England
Citizenship British
Post Office Address 67, Heath Road, Weybridge, KT13 8TJ, England

Full name of third joint inventor, if any Kimberly Ann Biedermann
Inventor's signature Kimberly Ann Biedermann

11/08/00

Date

Residence 20 Trailbridge Drive, Cincinnati, Ohio 45241
Citizenship USA
Post Office Address 20 Trailbridge Drive, Cincinnati, Ohio 45241

Full name of fourth joint inventor, if any Jeffrey Michael Morgan
Inventor's signature Jeffrey Michael Morgan

11/9/00

Date

Residence 8575 Highmount Drive, Springboro, Ohio 45066
Citizenship USA
Post Office Address 8575 Highmount Drive, Springboro, Ohio 45066